

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>10/10/00</i>
O.I.P.E. CLASSIFIER			<i>10/18/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>6872</i>	<i>1/2/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	02/03/00
2	✓	✓	02/03/00
3	✓	✓	02/03/00
4	✓	✓	02/03/00
5	✓	✓	02/03/00
6	✓	✓	02/03/00
7	✓	✓	02/03/00
8	✓	✓	02/03/00
9	✓	✓	02/03/00
10	✓	✓	02/03/00
11	✓	✓	02/03/00
12	✓	✓	02/03/00
13	✓	✓	02/03/00
14	✓	✓	02/03/00
15	✓	✓	02/03/00
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46	✓	✓	02/03/00
47	✓	✓	02/03/00
48	✓	✓	02/03/00
49	✓	✓	02/03/00
50	✓	✓	02/03/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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